STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyi	ist(s) MOILY	Maloner	<u></u>				
II. Name of lobby	ist's partnership,	firm or corp	oration, if an	y:			
AFSCMI							
0	Name of partnership.		· .		•	_	
8	Beacon	1 meet	Boston		<u> </u>	<u>02108</u>	
Business Address:	(Street)	,	Town/City)	`	tate)	(Zip Code)	
(67) 367- (Telephon	075 c)	_ (617) <u>3</u> ((Fax)	e-mail	mmaloned	afsome 93.org	
					OR you may file	a separate report for	
reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client:							
OR	(Full Name of	Client as it app	pears on the Lob	byist Registration F	orm)		
		obbyist (incl	uding the lobb	yist's family), or t	he lobbying firm	listed below which are	
IV. Date of Report	April 27, 2016 tivity from date of registration to 3/31/16		3/31/16	July 27, 2016			
-	October 27, activity from 7/1	2016 💢		January 2: activity from 10/1	•		
V. There have be If this box is checke Concord, NH 0330	ed, complete just th						
VI. Check if addit	ional reports are	attached:					
•	eived fees or made	-	-				
☐ If you have pair Expense Reimburse	id an honorarium o	r reimbursed	expenses, you	must file Adden	lum B– Report o	f Honorariums or	
☐ If you, your firm, or your family has made political contributions, you must file Addendum C− Political Contributions							
Sworn Statement/ I have read RSA 15 and complete to the	5, RSA 15-B, RSA	14-C and RS		reby swear or affin	m that the forego	oing information is true	
mally Mu	lony		_	10/2	4/2017		
(Signature of lobby	yist) (alonly				(Date)	RECEIVED	
(Print Name of lot			_			OCT 26 2017	